

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

# Health Department, City of Baltimore.

Permit No. A 1171 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 9<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rose Donahue

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 5 1/2 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Matron

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Matron

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } Angell & Child's Hospital.

Cause of Death, { First (Primary), Second (Immediate), } Inflam. Diarrhoea.  
Exhaustion

Duration of Last Sickness, Unknown (Several weeks)

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 13<sup>th</sup> C. F. Brown M. D.

{ Undertaker, W. H. Sledge Medical Attendant.

{ Place of Business, 1139 B Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



The Special Attention of Physicians is Respected

BALTIMORE, TUESDAY, JULY 12, 1887.  
 REXROTH. On July 11, 1887, GEORGE REXROTH,  
 in the 28th year of his age.  
 His funeral will take place from his late residence,  
 No. 1104 Stockton Street, this (Tuesday) afternoon,  
 at 4.30 o'clock.

List of Diseases on Data

Health Dep

Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

Ward 29

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Date of Death, July 11 - 87  
 Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Rexroth  
 Sex, Male or Female, {Cross out the word not required in this line.} Male  
 Age, 22 (28) Years, Months, Days.

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1104 Stockton St

Place of Death, {Give Street and Number.} Baltimore City

Cause of Death, {First (Primary), Second (Immediate),} Phthisis Pulmonalis

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Peter's

Date of Burial, July 12

{Undertaker, J J Chalmers} M. D.

{Place of Business, 2040 Penn} Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No.

A 1173

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 11th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Albert W. Rosenthal

Sex, Male or Female,

{ Cross out the word not required in this line. }

male

Age,

Years,

3

Months,

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balti Md

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

1617 Miles St  
New mms

Cause of Death,

{ First (Primary),  
Second (Immediate), }

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

July 12th 1887

Undertaker,

A. Fink Shon

M. B. Billings M. D.  
Medical Attendant.

Place of Business,

915 N. Gay

Address,

1206 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1174 Office of Registrar of Vital Statistics. Ward 192

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 11 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph W Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 11 Years, 11 Months, 19 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } 1213 Stricker St. North

Cause of Death, { First (Primary), Second (Immediate), } Dentition

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, July 12<sup>th</sup> 1887

{ Undertaker, J E Hough M. D.

{ Place of Business, 1408 Seneca Ave Address, 901 Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the requirements herein, and to the fact that no person can be buried in this City without a proper Certificate.

# Health Department, City of Baltimore.

Permit No. A 1175 Office of Registrar of Vital Statistics. Ward 4/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 10  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Reid  
Sex, Male or Female, { Cross out the word not required in this line. } Male  
Age, Forty four Years, Months, Days.  
Color, ed

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single  
Occupation, Whitewasher

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Viking  
Duration of Residence in the City of Baltimore, About 17 years

Place of Death, { Give Street and Number. } 146 Eads  
Cause of Death, { First (Primary), Second (Immediate), } Phtisis  
Aemia

Duration of Last Sickness, Six years  
All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery  
Date of Burial, July 12<sup>th</sup> 1887  
{ Undertaker, Chas. W. Dungee }  
{ Place of Business, 150 East St } Address, 621- Franklin St  
J. B. Straw, President M. D.  
Eyes and Ears Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1176 Office of Registrar of Vital Statistics. Ward 6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 11<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Rose.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 25 Years, 0 Months, 0 Days

Color, red

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Domestic

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Several years

Place of Death, { Give Street and Number. } 414 N. Eden St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12<sup>th</sup> 1887

Undertaker, H. V. Dungee

Place of Business, 150 East St

John G. Day M. D.  
Medical Attendant.  
Address, 210 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1177 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 11th July 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Elizabeth Ferguson.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Fifty. (50) Years, Months, Days

Color, White.

~~Married~~ Single, Widow or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Stone Keeping

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Newberg Pennsylvania.

Duration of Residence in the City of Baltimore, about thirty (30) years.

Place of Death, { Give Street and Number. } No 732 George St. Baltimore.

Cause of Death, { First (Primary), Cancer, Mammary. Second (Immediate), Ascites & Anasarca with Exhaustion. }

Duration of Last Sickness, about two years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 13th 1887

{ Undertaker, Wm C. Han Bibb M. D. Medical Attendant.

{ Place of Business, #732 E. Eutaw St. Address, 26. W. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No.

A 1178

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 12th July 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Barbara Drexel

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 5 Months, 7 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, during lifetime.

Place of Death, { Give Street and Number. }

S. Madryna Alley 218

Cause of Death, { First (Primary), Second (Immediate), }

Stomatitis aphthosa  
6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Alfonsen's~~

Date of Burial, July 13

Undertaker,

W. Dyer

William Hensel

M. D.

Place of Business, 151 S. Bond

Address, P. Walper 318.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.



# Health Department, City of Baltimore.

Permit No.

A 1179

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death,

July 10<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

William Cahill

Sex, Male or Female,

{ Cross out the word not required in this line.

Age,

60

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Laborer

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Limerick Ireland

Duration of Residence in the City of Baltimore,

30 Years

Place of Death,

{ Give Street and Number.

No 1232 Holland st

Cause of Death,

{ First (Primary),

{ Second (Immediate),

Asthma

Dysentery

12 Hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St Peters Cem

Date of Burial,

July 13<sup>th</sup> 1887

Undertaker,

Evans & Spence

Place of Business,

Balto & Exeter

Address,

Camp 16. & N

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKewen Inspector [OVER.]



The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 1180 Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 11<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William D. Lilly

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, 36 Years, — Months, — Days.

Color, W

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Musician

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 130 S. Bond St.

Cause of Death, { First (Primary), Second (Immediate), } Heart disease (Aortic regurgitation)  
Cerebral embolism

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, July 13, 1887

Undertaker, Wm. S. Lynch M. D.

Place of Business, 1710 Canton St. Address, 21 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]